

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, CA 95814  
(916) 445-7046



June 8, 1982

ALL-COUNTY INFORMATION NOTICE NO. 64-82<sup>I</sup>

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY FISCAL OFFICERS  
ALL COUNTY ADMINISTRATIVE SERVICES OFFICERS

SUBJECT: REPORTING INSTRUCTIONS FOR AFDC-FC RATES

REFERENCE: MPP 11-225.4

The Department of Social Services Operational Standards Section 11-225.4 requires counties to submit annual data on county foster care rates. The attached forms provide for reporting the required information for Fiscal Year 1981/82. Form Temp 1384 will again be used to accumulate data on in-county foster family rates paid by your county. Form Temp 1385 will again be used to accumulate data on group homes/institutions used by your county. When reporting rates paid to out-of-county providers, the county number for the host county must be shown (see Manual Section 23-251). Monthly rate reimbursable from state funds must be determined in accordance with MPP Section 11-302.1 as follows:

1. The first step is to determine the payment levels effective June 30, 1979, for which state participation was authorized (for guidelines, see Section 11-302.12).
2. For Fiscal Year 1979/80, the monthly rate reimbursable from state fund is: (a) the amount determined in Item 1 above plus (b) the percentage increase to the 1978/79 payment rate (up to the AFDC Cost-of-Living ceiling of 15.16 percent).
3. For Fiscal Year 1980/81, the monthly rate reimbursable from state fund is: (a) the amount determined in Item 2 above plus (b) the percentage increase to the 1979/80 payment rate (up to the AFDC Cost-of-Living ceiling of 15.48 percent).
4. For Fiscal Year 1981/82, the monthly rate reimbursable from state fund is: (a) the amount determined in Item 3 above plus (b) the percentage increase to the 1980/81 payment rate (up to the AFDC Cost-of-Living ceiling of 9.20 percent).

NOTE: Please follow the same procedure when determining the amount reimbursable from state funds for clothing allowances.

Refer to the accompanying chart for examples of computing the rate reimbursable from state funds.

The state will participate in 95 percent of the nonfederal share of the rate reimbursable from state funds. In the examples contained in the chart, the state share was determined as follows:

Example	Reimbursable Rate*	Computation	Reimbursable Rate*	Computation
	1980/81		1981/82	
1	\$931	$(806 \times 1.1548)$	\$1,017	$(931 \times 1.0920)$
2	998	$(864 \times 1.1548)$	1,090	$(998 \times 1.0920)$
3	864	$(864 \times 1.0000)$	943	$(864 \times 1.0920)$
4	912	$(864 \times 1.0556)$	912	$(912 \times 1.0000)$
5	866	$(750 \times 1.1548)$	936	$(866 \times 1.0805)$
6	890	$(771 \times 1.1548)$	972	$(890 \times 1.0920)$

\*NOTE: Rounded to the nearest dollar.

Counties which reported Fiscal Year 1981/82 rate information in advance of this notice need not duplicate information already submitted, but should complete the forms to provide any data not included in the initial report. If a specific item is not applicable to your county, please note "N/A" in the space provided. The column headed "Monthly Rate Reimbursable from State Funds" is to be completed only if different from the monthly rate shown for the 1981/82 Fiscal Year.


Include the facility director and indicate Profit/Nonprofit Status only if different from the information previously reported for Fiscal Years 1979/80 and 1980/81 or when reporting a facility not included in the previous reports.

If the facility has come into existence as a new provider for the period subsequent to July 1, 1981, per MPP Section 11-301.2, identify the new facility with an asterisk.

Please submit Forms Temp 1384 and Temp 1385 to:

State Department of Social Services  
Fiscal Policy and Procedures Bureau  
744 P Street, Mail Station 8-100  
Sacramento, California 95814

If we can be of further assistance to you in this matter, please do not hesitate to call Cheryl Adamo-Woolman at 916/323-0282.

  
JAMES H. GOMEZ  
Deputy Director  
Administration

cc: CWDA  
Attachment

Example	1977/78 Base Year Rate	1978/79 Appr. Rate - Reflects Rate Increase Approved by State	1979/80 Rate	Percent Increase	Rate Reim- bursable from State Funds	1980/81 Rate	Percent Increase	Rate Reim- bursable from State Funds	1981/82 Rate	Percent Increase	Rate Reim- bursable from State Funds
1	700	700	806	15.16	806	931	15.48	931	1,017	9.20	1,017
2	700	750	864	15.16	864	998	15.48	998	1,090	9.20	1,090
3	700	750	900	20.00	864	900	0.00	864	1,077	19.66	943
4	700	750	900	20.00	864	950	5.56	912	950	0.00	912
5	700	750	750	0.00	750	900	20.00	866	972	8.05	936
6	700	700	771	10.16	771	929	20.48	890	1,014	9.20	972

# **FOSTER FAMILY HOMES (IN-COUNTY)** **AFDC-FC RATES FY 81/82**

Send completed form to:  
 Fiscal Policy and Procedures Bureau  
 744 P Street, M.S. 8-100  
 Sacramento, California 95814

Pursuant to Department of Social Services MPP Section 11-225.4

COUNTY		DATE		COUNTY CONTACT: NAME		TELEPHONE NUMBER
	Age Group	Monthly Rate 81/82 FY	Monthly Rate Reimbursable from State Funds*	CLOTHING ALLOWANCE		
				Initial	Semiannual	Annual
<b>(A)</b> Monthly Basic Foster- Care Rate	0-6					
	7-12					
	13-20					
<b>(B)</b> Special Monthly Rate- Moderate Problems	0-6					
	7-12					
	13-20					
<b>(C)</b> Special Monthly Rate- Severe Problems	0-6					
	7-12					
	13-20					
<b>(D)</b> Special Monthly Rate- Extreme Problems	0-6					
	7-12					
	13-20					

**(E)** Additional Applicable Information

\*Per MPP 11-302.12. Complete only if different from monthly rate 81-82 FY.

Send completed form to:  
Fiscal Policy and Procedures Bureau  
744 P Street, M.S. 8-100  
Sacramento, California 95814

Pursuant to Department of Social Services W-7 Section 17-2267			
COUNTY	DATE	COUNTY CONTACT: NAME	TELEPHONE NUMBER

[illegible]